24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Every Voice Action	
	C C00566208
Check if 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Mission Control, Inc.	10 30 2014
Mailing Address 114 Mansfield Hollow Rd	
# A	Amount
City State Zip Code	15661.86
Mansfield Center CT 06250-1316	Transaction ID: VN7BA9X2CG2 Date of Disbursement or Obligation
Purpose of Expenditure Mail Category/ Type 004	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 02
Marilinda Garcia Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought Disbute 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
New Partners Consulting	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1250 I St NW	10 30 2014
Ste 200	Amount
City State Zip Code	250.00
Washington DC 20005-5994	Transaction ID : VN7BA9XMNJ8 Date of Disbursement or Obligation
Purpose of Expenditure Online Advertising Category/ Out	M = M / D = D / Y = Y = Y
Online Advertising Oalegory 004 Type 004	10 30 2014
Name of Federal Candidate Support Offic	e Sought: House District:
Larry Pressler	President Senate State: SD
	ursement For: Primary X General
Per Election for Office Sought 1207539.88	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	15911.86
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) CODITOTAL SI SIMONIZES INCOPERISENT EXPERISENTE	7 7 1 7
(c) TOTAL Independent Expenditures	
, and the second se	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
David Donnelly	M / D D / Y Y Y Y Y
(77)	0 31 2014

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Every Voice Action	C C00566208
	0
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee New Partners Consulting	Date of Public Distribution/Dissemination 10 30 2014
Mailing Address 1250 I St NW	
Ste 200	Amount
City State Zip Code	250.00
Washington DC 20005-5994	Transaction ID: VN7BA9XMNZ1 Date of Disbursement or Obligation
Purpose of Expenditure Online Advertising Category/ Type 004	10 30 / 2014
Name of Federal Candidate Support Office	e Sought: House District:
Rick Weiland Oppose	President Senate State: SD
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
City Citate Lip Code	
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Type	
Name of Federal Candidate Support Offic	e Sought: House District:
Oppose	President Senate State:
Calcinati Total To Bato	ursement For: Primary General
Per Election for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	250.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	16161.86
Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Bato	0 31 2014
Signature	